

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Jan 28, 2019

Case Number: 19-52

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Candice Horner

Premise Name: Bell Ridge Animal Hospital

Premise Address: 3539 W. Bell Road #4

City: Phoenix State: AZ Zip Code: 85053

Telephone: 602-938-1982

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Michael Russell + Dana Russell

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

RECEIVED
JAN 28 2019
BY: [Signature]

C. PATIENT INFORMATION (1):

Name: Harper

Breed/Species: American Shorthair Feline

Age: 6 Sex: M Color: Orange + White

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Michael Russell

Date: 1-17-19

We lost our 6 year-old cat Harper on May 22, 2018, we believe due to the negligent care of Bell Ridge Animal Hospital, of which Dr. Candace Horner is one of two co-owners. Dr. Horner was also the main vet who treated Harper.

We first went to Bell Ridge on March 2, 2018 with Harper. He had a cold and was stuffy which a few times in the past anti-biotics had cleared him right up. He would lose about a pound then gain it back after the anti-biotics as well. Harper was ALWAYS an underweight cat, but VERY ACTIVE with a Great appetite. He was all those healthy things on March 2, a day I wish I could have back. Because he was underweight, they wanted to run a bunch of tests to see if they could find something. Trusting that it was a legitimate Vets office and it LOOKED like one, I relented and agreed to the tests. I also got the antibiotics I requested which cleared his cold right up.

Dr. Horner called the next week and said the results meant she was prescribing a multitude of changes. Different dry food- an Rx type, different wet food- also an Rx type. A powder called Epakitin to be given twice daily, fluids under the skin for dehydration, and no "people" food such as tuna or baked chicken.

2 1/2 months later this program proved a disaster for us and Harper went from having a great appetite from the time he was born until we started going to Bell Ridge to eating and drinking nothing.

First I took your advice and tried to get to the bottom of what happened with the vets, their office, and with their parent company which I didn't know about until AFTER Harper died. This was another disaster which took over two months of mostly wasted time. This not returning URGENT phone calls is a company-wide trait. (a separate chronology of our phone contact is attached).

I came to find out several troubling things about this Vet as time went on and I researched what happened.

1) the powder they prescribed had their label stuck over some warnings on the bottle. When I peeled it off it said WARNING: discontinue use of this product if pets condition worsens or does not improve. I was NEVER told this and their sticker covered up the warning. The standard of warning or instruction was NOT even close to being met. As I stated, we were passed from vet to vet, tech to tech in what can best be described as a compilation of part-time disengaged vets and personnel.

Dr. Horner prescribed this regimen, and except for one follow up phone call NEVER called again and we never saw her again. She just passed our cat who had these MASSIVE changes prescribed some requiring constant supervision, to whatever vet or tech she could hire, including Dr. Heinemann, whose totally incompetent actions are included in a separate complaint.

We had a total of six visits to Bell Ridge. This disastrous, unsupervised regimen that they put him on cost him his great appetite and finally his life. We miss him very much and have to keep retelling this painful story as you will see. It states in the complaint section we can request a return of all our vet costs. We spent a total of \$1079.52 at bell ridge. Because I can request that amount back as part of this investigation, I am doing so, as Bell Ridge not only DID NOT help Harper, they HURT him. My main concern is that this not happen to another pet. This Vet has NOT changed their poor practices as I asked them to. They sent me a small, partial refund of \$272.85 a couple of months after Harper died.

February 14, 2019

Arizona State Veterinary Medical Examining Board
1740 West Adams Street, Suite 4600
Phoenix, Arizona 85007

In re: 19-52 (Candice Horner, DVM)

To Whom It May Concern:

"Harper" Russell, a 6 year/ 8 month old male neutered feline, originally presented to Bell Ridge Animal Hospital on 03/02/2018. On this exam, a guarded prognosis was given due to the poor body condition score and stage 3 oral disease. Full bloodwork, urinalysis, and fecal/giardia test were recommended but declined by the owner.

Owner then returned the next week (03/07/2018) for the previously declined bloodwork. I called the owner the very next day (03/08/2018) concerned with Harper's bloodwork results. In interpreting the bloodwork and the previous medical record, I was most concerned with Harper's renal system, and specifically with renal failure. I discussed the options of further workup and treatment, and that ideally, we would like to keep Harper hospitalized on intravenous fluids therapy for anywhere from 24-72 hours. Unfortunately, Harper was an aggressive pet (see medical notes 03/02/2018 + 03/07/2018) thus the owner and I ultimately determined the least stressful and safest option was for the owner to administer subcutaneous fluids at home, an oral antibiotic (due to elevated white blood cell count/bands present) as well as renal nutritional therapy and Epakatin.

I specifically informed the owner that unfortunately kidney disease is a common but serious disease in cats. Even with treatment and/or despite advanced imaging/workup/renal transplant this disease will progress. In addition, I emailed over several handouts on renal disease and the role of nutritional support in regards to kidney disease from www.veterinarypartner.com to help educate the client and to aid in the understanding of the disease. The goal of renal therapy, dietary or otherwise, is to slow down or at least postpone advanced uremia (buildup of toxins) and extend life expectancy/quality. I advised to pick up a can of each type of renal food to hopefully find one Harper enjoyed. On 03/09/2018 the owner picked up Royal Canin Feline Renal Support A, D, T, E and Hill's Feline K/D in tuna and chicken, as well as Epakatin.

The materials I provided show that early phosphorus restriction in renal disease has been shown in dogs and cats to blunt or reverse renal secondary hyperparathyroidism. When renal disease is diagnosed, phosphorus restriction is initiated by feeding the above mentioned low-phosphorus, low-protein diets. The nutritional supplement called Epakitin contains chitosan and calcium carbonate and has been recommended for use as a phosphorus binder in cats. Thus, in

addition to the potential adsorbent effect of chitosan on urea and ammonia, the calcium carbonate contributes a phosphorus-binding effect.

On 3/13/2018 the owner brought in Harper to be shown how to administer subcutaneous fluids and picked up written prescriptions for additional renal food. Owner was instructed to give fluids three times weekly. I personally called the owner on 03/20/2018 to check on how Harper was and how the recommendations were going at home. The owner stated they had not followed our instructions. Specifically they had not administered any subcutaneous fluids and had given only 75% of the prescribed antibiotics.

On 04/16/2018 Harper presented for recheck exam with concerns of runny nose, allergies, and decreased weight. On this exam the owners stated Harper was eating and drinking normally; however, I noted there was a 0.5# weight loss. The oral disease/foul odor had also progressed. The owner had still not been giving the subcutaneous fluids at home. It was decided to give Harper a Convenia injection as oral antibiotics initiated previously was unsuccessful due to client/pet compliance. We also administered a dose of subcutaneous fluids. This was the last time I examined Harper and/or spoke to the owners. The owners never called me or the hospital with concerns until 5/22/18 (Day after last appointment)

With regard to the complaint of prescribing the above regiment I stand by my decision to start Harper on prescription renal food, epakatin, and subcutaneous fluids. This course of treatment is consistent with the standard of care and I honestly do not feel this led to Harper's unfortunate passing. I have dedicated my life to the veterinary profession in the hopes to only help animals. The Russells never indicated their doctor preference, and I certainly did not avoid/pass their pet on to other staff members/doctors. I apologize if this is how the Russells interpreted the situation. We are a small practice and doctor/nurse preference can usually be accommodated if we are informed of a preference by the owner.

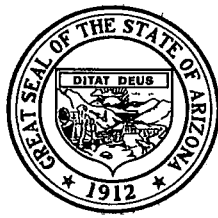
My condolences remain sincere to the Russell family as they continue to grieve the loss of Harper, and I hope this board complaint can give them some peace and resolution to the care I gave him.

Thank you,

A handwritten signature in cursive script that reads "Candice Horner DVM". The signature is written in black ink and is positioned above the printed name.

Candice Horner, DVM

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Donald Noah, D.V.M. - Chair
Amrit Rai, D.V.M.
Adam Almaraz
Christine Butkiewicz, D.V.M.
William Hamilton

STAFF PRESENT: Tracy A. Riendeau, CVT - Investigations
Victoria Whitmore, Executive Director
Sunita Krishna, Assistant Attorney General

RE: Case: 19-52

Complainant(s): Michael and Dana Russell

Respondent(s): Candice Horner, DVM (License: 4916)

SUMMARY:

Complaint Received at Board Office: 1/28/19

Committee Discussion: 4/2/19

Board IIR: 5/15/19

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014 (Salmon);

Rules as Revised

September 2013 (Yellow)

On March 8, 2018, Dr. Horner relayed blood results to Complainant for "Harper," a 6-year-old male American Shorthair cat. Renal disease was suspected and treatment recommendations were made.

On April 16, 2018, Dr. Horner rechecked the cat; Complainant was non-compliant on the cat's treatment recommendations; further treatment was provided and more recommendations were made.

On May 21, 2018, Dr. Heinemann, Dr. Horner's associate, examined the cat. Humane euthanasia was recommended due the cat's condition and grave prognosis. Complainants elected to take the cat home to continue care.

Complainants deny humane euthanasia was offered and the cat died the following day.

Complainant was noticed and appeared.

Respondent was noticed and appeared with Counsel, David Stoll.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Michael and Dana Russell*
- Respondent(s) narrative/medical record: *Candice Horner, DVM*

PROPOSED 'FINDINGS of FACT':

1. On March 2, 2018, the cat was presented to Dr. Jackson at Bell Ridge Animal Hospital for weight loss. Complainant reported that the cat vomited worms last month and was given an over-the-counter dewormer. Further relayed was the cat was excessively eating, drinking and urinating. The cat was in-door only. Complainant stated that a dental was recommended by Banfield but he wanted a second opinion.

2. Upon exam, the cat had a weight = 6.75 pounds, a temperature = 100.5 degrees, a heart rate = 240 -260bpm, and a respiration rate = 32rpm; BAR; dental grade 3/4; mild lenticular sclerosis; BCS 3/9; thinning musculature. Dr. Jackson's assessment was open, metabolic, renal disease, diabetes, hyperthyroid, tachycardia, weight loss; guarded prognosis. Complainant planned on returning for blood work at a later date.

3. On March 7, 2018, Complainant brought the cat in to have blood and urine collected for testing. Cat was very fractious.

4. On March 8, 2018, Dr. Horner relayed the lab results to Complainant. Her assessment was moderate leukocytosis, with nearly all lines elevated, non-regenerative mild anemia, concerns with renal disease, infection, viral, fungal, neoplasia, toxin, possible pancreatitis or GI disease. FIP – exposure vs actual disease. Fluids and antibiotics were highly recommended.

5. Dr. Horner was surprised that Complainant was reporting that the cat has been eating a lot and not acting sick, only losing weight. She advised that there were many changes on the cat's blood work and she was most concerned with renal disease. Dr. Horner wanted to hospitalize the cat for 24 – 72 hours for fluid therapy but the cat was aggressive, therefore she and Complainant determined it would be safer and less stressful for the cat for Complainant to administer SQ fluids at home, administer an oral antibiotic as well as renal nutritional therapy and Epakatin.

6. Dr. Horner stated in her narrative that she told Complainant that kidney disease is common but serious disease in cats. Even with treatment and/or despite advanced diagnostics and treatments, the disease would progress. She emailed several handouts on renal disease and the role of nutritional support in regards to kidney disease. Dr. Horner recommended getting each type of renal food to hopefully find one that the cat enjoyed.

7. On March 9, 2018, Complainant picked up several cans of renal support food, a bottle of Epakitin, and Doxycycline Oral Suspension.

8. On March 13, 2018, Complainant brought the cat to the premise to be shown how to administer SQ fluids and pick up written prescriptions for additional renal food. Complainant was instructed to administer 100mLs of Lactated Ringer's Solution three times a week. A fecal test

was also performed and revealed no ova or parasites seen.

9. On March 20, 2018, Dr. Horner contacted Complainant to check on the cat's status. Complainant reported that the cat does not like any of the renal food but he still had flavors to try. He believed the cat had received 75% of the antibiotics; no fluids had been administered but Complainant planned on giving them that week. It was reported that the cat's runny nose had improved. Complainant would schedule rechecking the renal values in 3 months.

10. On April 16, 2018, the cat had a weight = 5.90 pounds, a temperature = 102.2 degrees, a heart rate = 180bpm and a respiration rate = 60rpm. Complainant reported the cat was eating and drinking normally, however Dr. Horner noted the cat had lost 0.5 pounds. The oral disease had progressed, the cat's coat was unkempt and the cat was slightly dehydrated. Complainant had not been giving the cat SQ fluids at home. The cat was administered Convenia 0.6mLs SQ and 150mLs Lactated Ringer's Solution prior to discharge. Dr. Horner recommended rechecking lab values in 2 months.

11. On May 7, 2018, the cat was presented to the premise for SQ fluids. Technical staff administered 100mLs SQ fluids and showed Complainant how to administer fluids to the cat. The cat's vitals were: W = 6 pounds, T = 101.8 degrees, HR = 156bpm and RR = 32rpm.

12. On May 21, 2018 (Monday), the cat was presented to Dr. Horner's associate, Dr. Heinemann, for a recheck. Complainant reported that the cat was administered SQ fluids on Saturday and before that, Thursday. It was further reported that the cat had only been lethargic and not eating or drinking for one day. Additionally, the cat's congestion became significant in the last 24 hours. Upon exam, the cat had a weight = 4.50 pounds, a temperature = 92.9 degrees, a heart rate = 160bpm and a respiration rate = 40rpm. Dr. Heinemann stated in her narrative that Complainant's history did not match the cat's presentation; the cat was in extremely poor condition.

13. Dr. Heinemann examined the cat and noted severe periodontal disease; 10 -12% dehydration; sunken eyes; possible upper respiratory infection; large left kidney with irregular surface – suspect renal lymphoma (previous 45K WBC); unkempt coat; dull mentation; and severe muscle mass loss. PCV = 17%. The cat had a guarded to grave prognosis and Dr. Heinemann recommended humane euthanasia, but Complainant elected to support the cat.

14. Complainant's wife was distraught and wanted to euthanize the cat to end his suffering. Complainant refused euthanasia and wanted to continue support. Dr. Heinemann repeatedly advised Complainant that the cat was likely going to pass even if aggressive IV hospital therapy was started.

15. The cat was administered 200mLs Lactated Ringer's Solution SQ and Ampicillin 250mLg/mL, 0.18mL SQ. Darbepoetin Alfa injection was called into a pharmacy and Dr. Heinemann was going to bring in iron dextran from her personal stock for the cat. The cat was discharged with Clavamox 15mLs and a liter bag of LRS fluids.

16. The following day, Complainant stated that the cat had gotten worse and called the premise to speak with Dr. Heinemann. He left two messages that day but no one returned his

call. That night the cat passed away. Dr. Heinemann stated that she was not working that day and she did not receive a call that Complainant wanted to speak with her, if she had, she would have called him back. Staff documented that they did retrieve a voicemail message but it was not urgent – Complainant wanted to discuss Dr. Heinemann's course of treatment.

COMMITTEE DISCUSSION:

The Committee discussed that after reviewing the case file materials and obtaining testimony, they did not find a violation of the Practice Act. Based on the lab results it was obvious that the cat had a poor prognosis, although it is not clear that was communicated effectively to Complainants. Even though handouts and education materials were emailed to Complainants, it did not seem that they understood the severity of the cat's illness.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

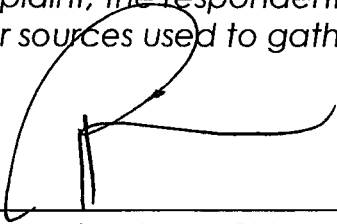
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division